



Schmieding /ILC Solutions Forum on Elder Caregiving

June 2, 2005 ♦ 9 am -12 noon

Schmieding Conference on Elder Homecare

June 2, 2005 ♦ 12 noon - 4 pm

REPORT OF FINDINGS

LARRY D. WRIGHT, M.D.

EXPANDING OUR DEFINITION OF “HOME”

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SOLUTIONS FOR KEEPING ELDERLY AT HOME FOR LIFE

TESTIMONY OF LARRY D. WRIGHT, M.D.

TO THE POLICY COMMITTEE OF THE WHITE HOUSE CONFERENCE ON AGING

My name is Larry Wright. I am a geriatrician with twenty-six years of clinical practice experience in northwest Arkansas. My formal post-graduate medical education includes internal medicine residency training and a fellowship in geriatric medicine. I am board certified in both areas by the American Board of Internal Medicine. In addition to my clinical practice of geriatric medicine, since 1997 I have been Medical Director of Senior Health for Northwest Health System, currently overseeing the medical care in four senior clinics and two community hospitals in Northwest Arkansas. Since its founding in January 1999, I have served as Director of the Schmieding Center for Senior Health and Education, a program of the Donald W. Reynolds Institute on Aging and one of seven regional centers on aging of the Arkansas Aging Initiative. I hold a faculty appointment of assistant professor in the Donald W. Reynolds Department of Geriatrics at the University of Arkansas for Medical Sciences.

SUMMARY OF FINDINGS

Features of ideal home environment--Place for Renewal

Home is not only where the heart is but home is where long-term health can be most effectively maintained as we age. At least this would be true if the most positive features of the optimal home setting could always exist in the place we choose to call “home.”

As a practicing geriatrician, I recognize the huge potential the home environment has to impact health. Broadly speaking, I believe that the health of an older person is impacted directly by a multitude of factors which, because of the diminished reserve capacity for coping with all types of stress, serve to be either *energy depleting* or *energy repleting*.

The definition of the ideal home fundamentally encompass the elements of a setting which can always provide the opportunity for *energy repletion*. Thus, home always becomes the place of renewal--physically, mentally, and spiritually. This is part of the reason that the notion of “coming home” or “being at home” is such a fundamentally powerful metaphor for human life experience. At any stage of life, home is where a person finds renewal and new energy, which is essential to promoting health and even more essential for an optimal quality of life.

Because healthy aging ideally represents finding a harmonious balance of the physical, psychological, social and spiritual dimensions of a person’s life, the home environment can have a huge impact positively or negatively on an older adult’s health.

Our stated mission in the Senior Health Centers of Northwest Health System, including the clinic here at the Schmieding Center, is “to strive to help every older adult achieve and maintain his or her own optimal level of functional independence”. The home environment is a key component of the prescription or care plan to assist older adults and their families in reaching this ideal goal. It is key in that so many elements of the home setting will represent either the essential fertile ground to allow this potential to flourish & grow, or just as certainly, the home setting can present the major barriers to ever realizing such possibilities.

The great majority of older adults own their own home--81% nationally in 2002, which was an increase from 74% in 1982. Arkansas is exactly at the national average of 81%. In addition, approximately 1/3 of older people live alone. This combination of living alone in one's "own home" often becomes a misplaced symbol of independence.

Depending on one's definition of home, the actual setting may not fulfill the most important criteria of our *ideal* home situation. In fact, even a person's long time "homeplace," may in widowhood become a prison than isolates and stresses the aging human organism beyond its remaining reserves-- physical, mental and social--to cope. In such an unfavorable situation, the "home" falls far short of the ideal, nurturing, low-stress environment in which an older individual can truly live in dignity, happiness and personal fulfillment. The stressful, over-demanding environment may actually promote more rapid decline in physical and mental function and lead to frailty and dependency earlier.

This cascade of depression and functional decline is a scenario with which professionals working with older clients are all too familiar. Social isolation, coupled with the demands of caring for self as well as the responsibilities of home ownership, actually hasten the process that all too often leads to long-term care in a nursing home.

Consensus is clearly building, among the professional and advocacy communities who work for the health and well-being of older Americans, toward policy recommendations that favor provision and payment of services that follow the person, the older patient, rather than being regulated to link only to certain services delivered in limited settings.

The New Continuum of Long-Term Eldercare

For these reasons and others, the way we deliver long-term eldercare is shifting from an outdated institution-centered system to a new home-centered system. ***The shift expands the definition of "home" to mean any positive living environment where an elder can achieve and maintain an optimal level of independence and health--body, mind and spirit--and feel "at home."***

Keeping more elders at "home" for long-term care "for life" is possible *only* with a high level of ***professionally-trained and certified home caregivers*** -- a solution that may represent America's best answer to the Age Boom of long-lived elders.

RECOMMENDATIONS AND REFORMS

- **Establish a delivery system for LTC services that is consumer friendly, recognizes the almost universal desire to stay at "home" and provides for strong public education and care management though all settings with the focus on a home-centered continuum.**
- **.Remove the Medicare/Medicaid institutional biases that deny consumer choice of choosing a "home" setting for receiving long term care.**
- **As a part of the needed policy changes that tie the delivery and payment of services to the individual patient rather than the setting of care, currently biased**

toward an institutional setting, focus on doing more than eliminating the present institutional bias in LTC. Re-vision and re-create the LTC system as a consumer-friendly, home-centered paradigm for eldercare in America.

- Promote policy changes and public education which foster the development and full understanding of new, enhanced models of non-institutional care which embrace this expanded definition of “home”.
- Promote, support, and fund the professional training, certification and continuing education of the new breed of certified home caregivers required to keep elders at home for life.
- Promote and encourage more people to provide informal family care, by revising national policies to provide better caregiver supports through financial assistance, respite services, and professional training for family caregivers..